



5656 3rd Street, NE • Washington, DC 20011
www.dctfcu.org • Phone: 202-547-4800

Membership Application

NEW UPDATED

Name as it should appear on account _____ Account # _____

Account Type/Services

- Share Savings Checking (Share Draft) Christmas Savings Debit/ATM Card Member Privilege MacLine
- Payroll Deduction Direct Deposit Online Banking Online Bill Payer E-Statement
- I want information on these services: _____

Member and Ownership Information

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____

Date of Birth _____ Password _____

Home Phone _____ Work Phone _____

Cell Phone _____

E-Mail Address _____

Employment _____

Eligibility for Membership _____

New Debit Card # _____

Co-Applicant/Joint Owner

Profile # _____

Account suffix(es) to make joint: _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____

Date of Birth _____ Password _____

Home Phone _____ Work Phone _____

Cell Phone _____

E-Mail Address _____

Employer _____

Eligibility for Membership _____

New Debit Card # _____

USA PATRIOT ACT

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners and authorized signers. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for DCTFCU to restrict account access or delay the approval of loans pending further verification.

TIN Certification and Backup Withholding Information

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding. Exempt
- I am a United States citizen or resident (including U.S. Resident Alien). I am not a United States citizen or resident. (Complete a W-8 Form.)

Account Holder Signature _____ Date _____

Authorization

By signing below, I/we certify that the information on this Membership Application and Account Authorization is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Account Holder Signature _____ Date _____ Joint Account Holder Signature _____ Date _____

Overdraft Service Election (Opt In/Out)

- I authorize D.C. Teachers' Federal Credit Union to cover overdrafts on my ATM and everyday debit card transactions. (Must be eligible for Member Privilege.)
- I do not authorize D.C. Teachers' Federal Credit Union to cover overdrafts on my ATM and everyday debit card transactions.

Beneficiary Designation

Funds should be paid to the following in the event of the death of all owners/joint owners. If designating multiple Beneficiaries, please confirm that percentage of totals equal 100.

Beneficiary/POD Payee		Relationship
Date of Birth	Social Security #	
Street Address		
City	State	Zip
Work Phone	Cell Phone	
<input type="checkbox"/> Apply to Accounts:	Account Suffix _____ Percentage of Total: _____	<p style="text-align: center; margin: 0;">CU USE ONLY</p> <p style="text-align: center; margin: 0;">OFAC Checked</p> <p style="text-align: center; margin: 0;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	Account Suffix _____ Percentage of Total: _____	
	Account Suffix _____ Percentage of Total: _____	

E-Statement

Opt-In E-statements

By signing below, I choose to receive electronic statements on my District of Columbia Teachers' Federal Credit Union account. I understand the security features and the benefits tied to e-statements and know that District of Columbia Teachers' Federal Credit Union is not responsible for personal information obtained by any third party as a result of my paper statement being mailed to me.

Signature _____ Date _____

Opt-Out E-statements

By signing below I choose to receive paper statements on my District of Columbia Teachers' Federal Credit Union account. I understand I will incur a fee of \$2.00 (Two Dollars) as long as I continue to receive paper and know that District of Columbia Teachers' Federal Credit Union is not responsible for personal information obtained by any third party as a result of my paper statement being mailed to me.

Signature _____ Date _____

Joint Share Account Agreement

The **D.C. TEACHERS' FEDERAL CREDIT UNION** is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor

or survivors shall be valid and discharge said Credit Union from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in the Share Savings account as collateral security to a loan or loans.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to said Credit Union, which shall not affect transactions theretofore made.

CU USE ONLY	Eligibility (check one)	OFAC Checked
<input type="checkbox"/>	Government-Issued ID _____ Exp. Date _____ Issue Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Family Sponsor _____ (Name, Account #, Relationship)	OFAC Checked <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other _____	Chex System Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Joint Owner Government-Issued ID _____ Exp. Date _____ Issue Date _____	Chex System Record
Opened by _____ Verified by _____ Date _____		
Approved/Disapproved _____		

Federally Insured by NCUA